SEC Potential persons who are to respond to the collection of information

1972 contained in this form are not required to respond unless the form displays a

(6-02) currently valid OMB control number.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

MOV 13 2003

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED NOV 14 2003

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY			
Prefix	Serial		
DAT	E RECEIVED		

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock

Filing Under (Check box(es) that apply):

Type of Filing: [X] New Filing [ ] Amendment 03036953

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.) Wellspring International, Inc.

Address of Executive Office	es (Number and Street, City, State, Zip Code)
6333 Greenwich Drive, Sui San Diego, CA 92122	te 140
Telephone Number (Includ	ing Area Code)
(858) 848-0900	
Address of Principal Busine Telephone Number (Includ (if different from Executive	
Brief Description of Busine	SS
Specialized water me	etering device products
Type of Business Organiza	ation
[X] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed
	Month Year  If Incorporation or Organization: 1/18/96 [X] Actual [] Estimated on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [D] [E]

#### **GENERAL INSTRUCTIONS**

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[X] Executive Officer	[X] Director [ ] General ar Managing Partner
Full Name (Last nam	e first, if individual) Sn	nith, Wade W.	
	ce Address (Number and Stree vich Drive, Suite 140 CA 92122	et, City, State, Zip Co	de)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[X] Executive Officer	[ ] Director [ ] General al Managing Partner
Full Name (Last nam	e first, if individual) Bri	ittsan, Brian D.	
	ce Address (Number and Stree vich Drive, Suite 140 CA 92122	et, City, State, Zip Co	de)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General at Managing Partner
Full Name (Last nam	e first, if individual)		
Business or Residen	ce Address (Number and Stree	et, City, State, Zip Co	de)

Check Box(es) that Apply:	[ ] Promoter [ ] E	Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] Genera Manag Partne	jing
Full Name (Last name	first, if individual)					•
Business or Residence	e Address (Numbe	r and Street, C	ity, State, Zip Code	∍)		,
Check Box(es) that Apply:	[ ] Promoter [ ] E	Beneficial Dwner	[ ] Executive Officer	[ ] Director	[ ] Gener Manag Partne	jing
Full Name (Last name	first, if individual)	***************************************				•
Business or Residence	e Address (Numbe	r and Street, C	City, State, Zip Code	e)		•
Check Box(es) that Apply:	[ ] Promoter [ ] E	Beneficial Dwner	[ ] Executive Officer	[ ] Director	[ ] Gener Manag Partne	ging
Full Name (Last name	first, if individual)					•
Business or Residence	e Address (Numbe	r and Street, C	City, State, Zip Code	e)		•
Check Box(es) that Apply:	[ ] Promoter [ ] E	Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] Gener Manaç Partne	ging
Full Name (Last name	first, if individual)					•
Business or Residence	e Address (Numbe	r and Street, C	City, State, Zip Cod	e)		•
(Use blank shee	et, or copy and us	se additional d	opies of this she	et, as necess	ary.)	•
	B. INFORM	ATION ABOU	T OFFERING			
1. Has the issuer sold, this offering?					Yes [ ]	No [X]
2. What is the minimur			umn 2, if filing unde d from any individu		\$ 30,0	86
3. Does the offering perunit?	ermit joint ownersh	•	a nom any marvia		Yes	No [X]
4. Enter the information given, directly or indirectly or indirectly or indirectly purchasers in connect is an associated persociated persociated associated are associated are associated information for that broaden in the information for the information given in the information given, directly or indirectly or indirectly given in the information given given given in the information given	ectly, any commiss ion with sales of second or agent of a broken the name of the ated persons of su	ion or similar recurities in the oker or dealer rebroker or dealer or dealer or dealer or dealer or dealer or	emuneration for so offering. If a perso registered with the aler. If more than five	licitation of n to be listed SEC and/or re (5) persons	. ,	.,
Full Name (Last name	first, if individual)	N/A				-

Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated B	Broker or	Dealer								
								it Purcha	sers		[ ] A	All States
[AL] (IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (La	ist name	first, if i	ndividua	al)							
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated E	Broker or	Dealer								
								it Purcha	sers		[ ]A	.ll States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	lame (La	st name	e first, if	ndividua	al)	········						,
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Name	of Asso	ciated E	Broker o	Dealer								
								it Purcha	sers		[ ]A	Il States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	(Use bla	ank she	et, or co	py and	use add	ditional	copies o	of this sl	neet, as i	necessa	ary.)	,
C.	OFFERI	NG PRI	CE, NU	MBER (	OF INVE	STORS,	EXPEN	SES AN	D USE O	F PROC	CEEDS	
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7	Type of S	Security							regate ing Price		Amount A	

Debt - Promissory Notes	. \$ \$1,500,000	\$ \$700,000
Convertible Securities (including warrants)	. \$ <u>\$1,500,000</u>	<u>φ φ/00,000</u>
Warrants to Purchase 2,333,334 shares of Series D		
Preferred Stock.	\$ <u> </u>	\$ <u>        0                            </u>
Partnership Interests	\$	\$
Other (Specify)	\$	_ \$
Total	\$ <u>\$1,500,000</u>	\$ \$700,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Aggregate
	<b>N</b>	Dollar Amount
	Number Investors	of Purchases
Accredited Investors	5	\$ <u>700,000.00</u>
Non-accredited Investors	0	Φ 0
	0	\$ <u>        0                            </u>
Total (for filings under Rule 504 only)	0	\$
A		
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$ 0
Devolution A		·
Regulation A	<del> </del>	\$
Rule 504		\$ <u>         0                           </u>
Total		\$ 0
		Ψ
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		

Transfer Agent's Fees	[]\$	0
Printing and Engraving Costs	[]\$	0
Legal Fees	[]\$	22,500.00
Accounting Fees	[]\$	0
Engineering Fees	[]\$	0
Sales Commissions (specify finders' fees separately)	[]\$	0
Other Expenses (identify)	[]\$	0
Total	[]\$	22,500.00

- b. Enter the difference between the aggregate offering price given in response to Part C
- Question 1 and total expenses furnished in response to Part C Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

\$<u>1,477,000</u>

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$0	[]\$0
Purchase of real estate	[]\$0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[]\$
Construction or leasing of plant buildings and facilities	[]\$0	[]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$0	[]\$
Repayment of indebtedness	[]\$0	[]\$ <u></u> 0
Working capital	[]\$0	[]\$1,477,500.00
Other (specify):	[]\$0	[]\$ <u></u>
	[]\$0	[]\$ <u> </u>
Column Totals	[]\$0	[]\$1,477,5000.00
Total Payments Listed (column totals added)	[]\$1,	477,500.00

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If
this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer
to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the
nformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of
Rule 502.

Issuer (Print or Type)	Signature Date
Wellspring International, Inc.	
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Brian D. Brittsan	President

ATTENTION	
Intentional misstatements or omissions of fact constitute federal criminal violations. (Se	e 18
U.S.C. 1001.)	

E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix. Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Wellspring International, Inc.		
Name of Signer (Print or Type)	Title (Print or Type	)
Brian D. Brittsan	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	Intend to no accrece investor State (Part B-I	on- dited ors in te	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
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AZ									
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MD									
MA		X	Promissory Note	1	\$95,777	0			-

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NJ	Parking of the Control of the Contro	X	Promissory Note	1	\$153,979	0			The state of the s
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WI	Variety proposed and description of the contraction		Promissory Note		\$30,086				
WY									
PR									

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002

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